



Attorney Docket No.: 1099-00

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NOV 13 2002  
TECH CENTER 1600/2900

In re Application of: Rainer Waldmann et al

Serial No.: 09/129,758

Filed: August 5, 1998

For: MAMMAL NEURONAL ACID SENSING CATIONIC CHANNEL,  
CLONING AND APPLICATIONS THEREOF

COMMISSIONER FOR PATENTS  
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NO. PRE-<br>VIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|---|--|------------------|
| TOTAL  | * 68                                      | - | ** 68 =                                    | 0                |
| INDEP.   | * 1                                       | - | *** 3 =                                    | 0                |
| First presentation of multiple dependent claim |   |   |  |                  |

| RATE  | ADD'L<br>FEE |
|-------|--------------|
| x 9=  | \$           |
| x 42= | \$           |
| +140= | \$           |

OR

| RATE  | ADD'L<br>FEE |
|-------|--------------|
| x 18= | \$           |
| x 84= | \$           |
| +280= | \$           |

TOTAL ADDITIONAL FEE \$ \_\_\_\_\_ OR \$ \_\_\_\_\_

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

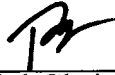
— Please charge my Deposit Account No. 13-3405 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

— A check in the amount of \$ \_\_\_\_\_ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

  
\_\_\_\_\_  
T. Daniel Christenbury  
Reg. No. 31,750  
Attorney for Applicant(s)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1646  
Examiner : N. Basi  
Serial No. : 09/129,758  
Filed : August 5, 1998  
Inventors : Rainer Waldmann  
: Frederic Bassilana  
: Eric Lingueglia  
: Michel Lazdunski  
: Catherine Heurteaux  
: Antoine Champigny  
Title : MAMMAL NEURONAL ACID  
: SENSING CATIONIC CHANNEL,  
: CLONING AND APPLICATIONS  
: THEREOF



22469

NOV 13 2002

PATENT TRADEMARK OFFICE

TECH CENTER 1600/2900

Docket No.: 1099-00

Confirmation No.: 5113

Date: November 7, 2002

Commissioner for Patents  
Washington, DC 20231

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard

\$460.00 Check

Claim of Extension of Time for Response, in duplicate

Amendment Transmittal Letter, in duplicate

Amendment

Substitute Specification (Marked-Up Copy - 25 pages)

Substitute Specification (Clean Copy - 25 pages)

Reference Abstracts (6 pages)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Schnader Harrison Segal & Lewis  
Customer No. 022469

By: \_\_\_\_\_

Date: \_\_\_\_\_

7 Nov 2002